

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila,  
District of Globe,  
Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151  
County Registrar No. 3  
Local Registrar No. 3

or  
City of Jackson Cattle Ranch, No. \_\_\_\_\_ Pinal Wash, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bettie Joe Winters, If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female, To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes. 7. Date of birth 1 4 1925  
Month day year

9. FATHER  
Full name Crill Will Winters,

14. MOTHER  
Full maiden name Ruby Jackson,

9. Residence (Usual place of abode) Copper Hill, Ariz.  
If nonresident, give place and state

15. Residence (Usual place of abode) Copper Hill, Ariz.  
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 38 (Years)

16. Color or race White 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Texas,  
(State or country).

18. Birthplace (city or place) Luna Valley,  
(State or country) New Mexico.

13. Occupation Cattleman,  
Nature of industry

19. Occupation House wife,  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead. \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:45 P.M. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature G. E. Wigham (Physician or midwife)  
Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_ Filled Jan. 9th 1925 G. E. Wigham Local Registrar.

Month, day, year. Filled Jan. 9th 1925 G. E. Wigham County Registrar.

Registrar.

262-104-915